



OHIO DEPARTMENT OF HEALTH

246 North High Street
Columbus, Ohio 43215

614/466-3543
www.odh.ohio.gov

John R. Kasich/Governor

Lance Himes/Director of Health

Carol Hess, Executive Administrative
Bethany Christian Services
665 E. Dublin Granville Road, Suite 410
Columbus, OH 43229

Dear Ms. Hess:

Thank you for your interest in the Choose Life Program and for your application for the Choose Life funding. The application(s) was approved for the following county(s) in the amount(s) of

- | | |
|-------------|----------|
| • Franklin | \$596.00 |
| • Delaware | \$255.50 |
| • Knox | \$50.00 |
| • Licking | \$100.00 |
| • Madison | \$0.00 |
| • Pickaway | \$0.00 |
| • Union | \$40.00 |
| • Ashtabula | \$140.00 |
| • Geauga | \$140.00 |
| • Lake | \$800.00 |
| • Ottawa | \$500.00 |

The application(s) was not approved for the following county(s) for the following reason(s):

- | | |
|-------------|--|
| • Cuyahoga | Other applicant organization located in county |
| • Fairfield | Other applicant organization located in county |

Enclosed is a copy of the application as was submitted. You should receive an award totaling \$2,621.50 within the next 30 days.

If you have any questions, please contact the Choose Life Program Consultant, Marius Igwe at Marius.Igwe@odh.ohio.gov or phone 614-466-4634.

Sincerely,

Lance Himes
Director of Health



May 16, 2018

ODH/Choose Life Fund
Bureau of Maternal, Child and Family Health
Attn: Marius Igwe
246 North High Street, 6th Floor
Columbus, OH 43215

Dear Marius Igwe:

Please find enclosed Bethany Christian Services' SFY19 (July 1, 2018-June 30, 2019) Choose Life Fund Distribution Application. Additionally, you will find our most recent audited financial report. The funds from SFY18 were used in accordance with the guidelines:

- Not more than 60% of the funds were used for material needs of pregnant women.
- Not more than 40% of the funds were used for counseling, training, or advertising.
- None of the funds were used for administrative, legal, or capital expenses.

We are pleased to report that in 2017 our Expectant Parent Support Services in Ohio provided life affirming options counseling and support to 36 individuals struggling with an unplanned pregnancy. Objectives of these services are to support expectant parents; facilitate adoptions; and to educate, prepare, and connect expectant parents to resources that will enable them to *successfully* parent their child, for those making parenting plans.

Thank you again for the opportunity to be a part of the Choose Life Fund Distribution. It is truly making a difference in the lives of unborn children and those facing a crisis pregnancy!

With gratitude,

A handwritten signature in black ink that reads "Mark F. Unger, MAM".

Mark F. Unger, MAM
Regional Director

**OHIO DEPARTMENT OF HEALTH (ODH)
CHOOSE LIFE FUND
DISTRIBUTION APPLICATION**

Interested Organizations: This application is due by June 1, 2018. Use this form to apply for SFY19 (July 1, 2018 to June 30, 2019) Choose Life Funds. It is important that you completely fill in the requested information and include all other required documentation. An application will only be considered when all required documents and information has been provided by the deadline.

I. ODH and Organization Information.

Organization	Bethany Christian Services
OAKS Supplier Number & Address Code	0000238427 Address Code 1
Federal Tax ID Number	
Street Address	665 E. Dublin Granville Road Suite 410
City, State Zip code	Columbus, OH 43229
County of Location Providing Services (Entity must be physically present in the county to apply for funding; Only one Application Per Location)	Franklin
Address where ODH should Direct Payment	Bethany Christian Services Attn: Mary Jo Cavette 665 E. Dublin Granville Road, Suite 410 Columbus, OH 43229
Counties of Service This location serves women from the following counties:	Ashtabula, Cuyahoga, Delaware, Fairfield, Franklin, Geauga, Knox, Lake, Licking, Madison, Mahoning, Ottawa, Pickaway, Portage, Trumbull, Union
Name of Person and Title completing application	Carol Hess, Executive Assistant
Area Code/Phone Number	614-399-3213
Email	Chessab@bethany.org

II. By submitting this Application to ODH, Organization agrees to adhere to the statutory requirements for activities and use of funds as outlined in Ohio Revised Code (ORC) 3701.65 and rules under Ohio Administrative Code (OAC) 3701-74-01, and I certify that the Organization:

- A. Meets the requirements in ORC 3701.65 and OAC 3701-74-01;
- B. Is a private, nonprofit organization;
- C. Is committed to counseling pregnant women about the option of adoption;
- D. Provides services within the state of Ohio to pregnant women who are planning to place their children for adoption, including counseling and meeting the material needs of the women;
- E. Does not charge pregnant women for any services received;
- F. Is not involved or associated with any abortion activities, including counseling for or referrals to abortion clinics, providing medical abortion-related procedures, or pro-abortion advertising;
- G. Does not discriminate in its provision of any service on the basis of race, religion, color, marital status, national origin, handicap, gender or age.

Assistance in completing Supplier information can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- V. **For New Choose Life Organization Applicants:** By June 1, 2018, the following (A & B) is required with this application:
- A. Organization must register online using the OAKS Supplier Self-Registration module at www.supplier.obm.ohio.gov;
 - B. Complete one (1) original, signed W-9 form per Organization. If your Organization has multiple locations, please choose the location where you would prefer a check to be mailed (*required*);
 - C. Any Organization may opt for electronic deposit by completing the Authorization Agreement for Direct Deposit of EFT Payments form (*optional*).

Assistance in completing the form(s) can be obtained directly from Ohio Shared Services by calling: 1(877) OHIO-SS1, (1-877-644-6771).

- VI. **By June 1, 2019, all Organizations** shall submit to ODH one of the three forms of reporting from Section IV.A., above, verifying compliance with the rules regarding the use of funds received during the year (June 1, 2018–May 30, 2019).

By my signature, I certify that I have the authority to act on behalf of the above-named Organization and that the information provided in this Application is true and accurate to my knowledge and belief. Further, by my signature, I acknowledge that I understand and Organization agrees that in accepting Choose Life Funds, Organization must comply with the terms and conditions of RC 3701.65 as set forth in this Application or risk the forfeiture of and be obliged to return said Choose Life Funds in the event Organization does not conduct itself in the manner prescribed above.

5/16/18
Date


Signature of Person Completing Application

Carol A. Hess, Executive Assistant
[Print Name & Title]

Application to be submitted to:
ODH/Choose Life Fund
Bureau of Maternal, Child and Family, Attention: Marius Igwe
246 North High Street, 6th floor
Columbus, OH 43215

Contact Marius Igwe with questions at Marius.Igwe@odh.ohio.gov
or 614.466.4634.